JAN 2 9 2004

Approved for use through 11/30/2005, OMB 0851-0035

Under the Paperwork Reduction Act of 1995, no persons an CHANGE OF	Patent Number	S 7039 It displays a Valid OMB contro
CORRESPONDENCE ADDRESS	Issue Date	
Patent	Application Number	09/843,435
Address to:	Filing Date	4/26/2001
Commissioner for Patents P.O. Box 1450	First Named Inventor	
Alexandria, VA 22313-1450	Attorney Docket Number	Robert R. Durron

Customer Num	respondence Address for the aborber:		αιen; (β:		
OR					
Firm or Individual Name	Robert R. Du	TTON			
Address	827 Geissler Re				
Address				-	
City	Montesano	State	WA	ZIP	98563
Country	USA				(330)
	1				
This form cannot be use existing Customer Numb	d to change the data associated ver use "Request for Customer Nu	The Ci Dette Oi	range (PTO/SB/T	ange the data : 24).	
This form cannot be use existing Gustomer Numb This form will not affect a Address Indication Form	d to change the data associated ver use "Request for Customer Nu	with a Custome Imber Data Ch	er Number. To cha eange" (PTO/SB/1	ange the data : 24).	
This form will not affect a Address Indication Form	d to change the data associated ver use "Request for Customer Nu	with a Custome Imber Data Ch	er Number. To cha eange" (PTO/SB/1	ange the data : 24).	
This form cannot be use existing Gustomer Numb This form will not affect a Address Indication Form I am the: Patentee. Assignee of	d to change the data associated ver use "Request for Customer Nu	with a Custome imber Data Ch above-identifi	er Number. To cha nange" (PTO/SB/1 ied patent. To cha	ange the data : 24).	
This form cannot be use existing Customer Numb This form will not affect a Address Indication Form I am the: Patentee. Assignee of a Statement ur	d to change the data associated ver use "Request for Customer Number use "Request for Customer Number "fee address" provided for the "(PTO/SB/47).	with a Custome imber Data Ch above-identifi above-i	er Number. To cha nange" (PTO/SB/1 ied patent. To cha	ange the data : 24).	
This form cannot be use existing Customer Numb This form will not affect a Address Indication Form I am the: Patentee. Assignee of a Statement under Attorney or a Syped or	d to change the data associated ver use "Request for Customer Number use "Request for Customer Number (PTO/SB/47)." "(PTO/SB/47)." "ecord of the entire interest. See 3 der 37 CFR 3.73(b) is enclosed.	with a Custome imber Data Ch above-identifi 37 CFR 3.71. (Form PTO/SE per	er Number. To cha nange" (PTO/SB/1 ied patent. To cha	ange the data : 24).	
This form cannot be use existing Customer Numb This form will not affect a Address Indication Form I am the: Patentee. Assignee of a Statement ur	d to change the data associated ver use "Request for Customer Nutry "fee address" provided for the " (PTO/SB/47). record of the entire interest. See 3 der 37 CFR 3.73(b) is enclosed. Igent of record. Registration Number	with a Custome imber Data Ch above-identifi 37 CFR 3.71. (Form PTO/SE per	er Number. To cha nange" (PTO/SB/1 ied patent. To cha	ange the data : 24).	

Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or rotain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or subgestions for reducing this burdon, should be sent to the Chief Information Officer, U.S. Patent and ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-900-PTO-9199 and select option 2.